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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the loagement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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E THE REPORT OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	18/07/2020 16:06
Date Of Accident	18/07/2020 12:20
Exact Location Of Accident	LORONG 6 TOA PAYAOH EXIT TOWARDS PIE
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE5040G
Insured/Policyholder	
Name Of Registered Owner	HO JUN FENG JONATHAN
NRIC No	SXXXX399I
Email Address	ASHLEYTEO.HT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92297600
Alternative Phone No	OTHERS-81831963
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116411007
Cover Note Number	
Driver	
Name of Driver	TEO HUI JUAN
NRIC No	SXXXX693B
Date Of Birth	06/10/1989
Occupation	INDOOR
Date Of Driving Pass	17/07/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92297600
Fax Number	
Contact Number	OTHERS-81831963
EMail Address	ASHLEYTEO,HT@GMAIL.COM

Address

BLK 79A TOA PAYOH CENTRAL

#04-05

Postcode

311079

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS5095A

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ONG TIONG SOON (WANG ZHONGSHUN)

NRIC/Passport Number

SXXXX191J

Contact Number

97341272

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEO HUI JUAN

Page 2 of 17.

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SLIGHT (PREGNANT)

SJE5040G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

seporting Centre Personnel

Name:

NRIC/FIN No .:

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DECLARATION //We declare the for	egoing particulars	are true in every respec		me s	08/07/2020
Policyholder's Signatu Date & Time:	ure	Driver's Signature (If driver is not the poli	cyholder)	Reporting Centre Per Name:	sonnel'a Signature M

Date & Time: 18 July 2014 NRIC/FIN No.:

		ACCIDE	NT STATEMEN	NT	S.
ACC	CIDENT DATE: 18		DD/MM/YYYY), ti		,
7,5	7	1 2000	DD/MM/YYYY), TI	IME: 100	_)(HH:MM)
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4.	*d)DATE OF BIRTH B)OCCUPATION: f)YEARS OF DRIVIN WAS DRIVER AN	INDOOR / OUT			
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()	b) DRIVER'S NAN c) NRIC/FIN/PAS		691J C	9 78045 VIVA	431272

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(Including driver) f)

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Register Date of Driver Liverse	13/11/2014		Driver Age		30			ng Experienc		7.9		
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TOPONING NEW TOPONING

953 · Video List

Uplanded By/Date

Claim Handling(accident reporting Claim Task)

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NAC_BUKIT_MERAH_BIORTO(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Au 2020 (0.01	Protos		Transment	Photos 2020-7-20
NAC_RUKIT_MERAH, SOOSTIG NATIONAG ASSESSMENT CERTIE SERVICE S QUALT MERAHO) on 20 JU 2020 10:01	Printer		Normal	Photos 1920-7-25
NAC_BURIT_MERAN BEGGTS(NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAN)) on 20 M 2020 10:01	Phytics		Noma	Photos ZBZ 0-7-20
NAC_BURTT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURTT MERAH)); on 20 Jul 2020 10:01	Photos		Normal	Phonos 2020-7-20
NAC, BURIT, MERAH, 850676(NATIONAL ASSESSMENT CENTRE SERVICE S. BURIT MERAH)) on 28 Jul 2020 10:00	Photos		Normal	Proces 2020-7-20
NAC_BURIT_MERAH, 800674; NATIONAL ASSESSMENT CENTRE SERVICE \$ (RURIT HERAH)) on 20 Jul 2020 10:00	Photos.		Normal	Photos 2020-7-20
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NAC_BURIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 20 3x 2020 10;00	Presex		Hornel	Photos 2020-7-26
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NAC BURIT MERAH BOOKFE NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH) OH 20 JU 2020 10:00	MAJO: Criving License	*	Normal	NHIC/ Orwing License 2020-7-20
NAC_BURST_MERAH_BODGYG(NATSONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 20 Jul 2020 10:00	SAS		fecernal.	SAS 2030-Y-30

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